

MARYLAND HEALTH CARE COMMISSION

UPDATE OF ACTIVITIES

July 2002

DATA SYSTEMS & ANALYSIS

Data Base and Software Development

Payer Submissions to the 2000 Medical Care Data Base (MCDB)

Twenty-nine insurance companies and HMOs submitted information on practitioner services and prescription drugs to the Commission in compliance with the requirements of COMAR 10.25.06. This year, five companies (Humana, GW Health Plan, Principal Ins. Co., Prudential, and ReliaStar) were issued waivers because they exited the Maryland market. Extensions were approved for three companies (Great-West, Unicare, and United Healthcare) to comply by July 30th. Over each of the past three years, staff have worked closely with Unicare, a subsidiary of Wellpoint, but the company has never met the reporting deadline. The staff has specified conditions that Unicare must meet for 2003 reporting if they wish to avoid penalties for failing to meet the submission requirements. Three payers (Fortis Corp., Graphic Arts Benefit Corp., and Trustmark) are expected to submit their information prior to the Commission meeting.

BPQA Physician License Renewal Application

The Board of Physician Quality Assurance (BPQA) will release the Web-based physician license renewal application developed by Commission staff in late July 2002. The application will enable a physician to complete all questions required for license renewal via the Internet. After completing the character, fitness, and practice questions, the physician will be able to make payment using an electronic debit transaction through the Customer-Initiated[®] Payment (CIP) Web interface with the Bank of America. The BPQA renewal application is the first project to take advantage of the new statewide contract with the Bank of America that will support automated clearinghouse (ACH) e-commerce transactions.

Embedded in the application are customer support and detailed reporting features that allow BPQA to monitor application utilization throughout the ninety-day renewal period. The customer support features enable the BPQA Help Desk staff to view a renewal file as the physician enters responses. The reporting features will allow BPQA staff to monitor usage and track receipts as well as identify specific renewals that are candidates for detailed review.

The BPQA renewal application was developed using standard off-the-shelf software including MS SQL Server[®], Active Server Pages[®], and Java Script. Mirrored secure servers will assure a high degree of redundancy throughout the renewal period and help ensure 24-7 access. The Maryland State Archives will provide hosting services. Once the application moves into production, the MHCC development team will assist several other boards in developing Web-enabled license renewal processes. To view a demonstration of the application, visit the use the BPQA site at <https://www.bpqa.state.md.us/renewal/index.html>.

[®] Note: CIP is copyrighted by the Bank of America. SQL Server and Active Server Pages are copyrighted by the Microsoft Corporation.

Cost and Quality Analysis

Health Resources and Services Administration (HRSA) Grant Activities

Staff is preparing an RFP to identify a contractor to develop a methodology for the re-weighting of the Maryland Health Insurance Coverage Survey using the 2000 Decennial Census population counts. A small procurement funded via the HRSA grant is under development. This procurement will obtain assistance in identifying the types and likely reasons for discrepancies in findings from the Maryland Health Insurance Coverage Survey and other Maryland-specific surveys such as the Current Population Survey and the Behavioral Risk Factor Survey.

State Health Care Expenditure Planning

Cost and Quality staff have begun planning for the 2001 SHEA. There will be improvements in the methodology for allocating spending among regions, along with a review of whether the current regions used in the SHEA correspond to existing health care market areas or combine counties that have markets with similar characteristics. This review will involve the Commission's senior management to consider to what extent the Commission's analyses can use the same market area definitions, especially with regard to health care utilization and coverage patterns. There will also be a review of last year's report content and lay-out with staff of Mathematica Policy Research, a new sub-contractor to Social and Scientific Systems (SSS), to identify ways in which the content or design might be improved.

Assistance to the Worker's Compensation Commission (WCC) with Fee Schedule Development

Commission staff have completed a simulation that estimates Medicare payments for a market basket of procedures commonly reimbursed by the WCC. Average private insurance payment rates have also been generated for these procedure codes from the Medical Care Data Base. This information will be used by the WCC in developing a new payment schedule based on resource utilization.

Feasibility of Using Maryland Hospital Data to Study Health Care Disparities

Project Hope staff have completed its study to explore the feasibility of using health care administrative data (principally claims and hospital discharge data) collected by the State of Maryland to examine treatment disparities for selected acute health conditions.

Project Hope recommends that MHCC begin with existing quality indicators and examine whether there are differences in these measures across population groups of interest. Project Hope staff recommended four conditions that should be studied for disparities: Cesarean section delivery, hysterectomy rates, rates of laminectomy, and laparoscopic cholecystectomy procedures. Focusing on a small number of these conditions may allow for deeper understanding of mechanisms underlying any disparities and may also provide greater opportunity to design and implement feasible interventions in response to what is found.

EDI Programs and Payer Compliance

Electronic Health Network (EHN) Accreditation

Commission staff discussed MHCC certification requirements with PassPort Health and MedUnite. Both electronic health networks have expressed an interest in doing business in Maryland. Staff also assisted the SSI Group in completing their MHCC certification application. The SSI Group is an electronic health network that markets primarily to hospitals. It will seek EHNAC accreditation within the next six months. Commission staff will conduct a site visit at

Payerpath.com later this month. This rapidly growing Richmond Virginia-based EHN will complete its EHNAC accreditation later this fall.

Staff met with WebMD, an MHCC certified electronic health network, to assist its staff in organizing a provider meeting on that company's plans to comply with HIPAA's Transaction Standards. WebMD, like most EHNs, is committed to being ready to accept HIPAA compliant transaction by October 2002.

EDI Progress Report

All payers required to submit a 2001 EDI Progress Report met this requirement by July 12th. Staff is currently examining these data and intends to release a report on changes in the EDI utilization in the fall.

EDI Promotion and HIPAA Awareness

The staff continues to support provider groups seeking to comply with the federal HIPAA regulations. During June and July, staff provided the following assistance:

- Assisted the Peninsula Regional Medical Center and Atlantic General Hospital in developing an EDI/HIPAA initiative education initiative;
- Staffed the MHCC booth at the 6th Annual Eastern Shore Area Health Education Conference;
- Assisted the Director of Quality Management Information Systems at the Worcester County Health Department in organizing two HIPAA conferences;
- Worked with the Executive Director of the Maryland Podiatric Association to finalize the Commission's role at its annual summer conference to staff the Commission's booth and present on EDI/HIPAA;
- Met with the Montgomery County Pediatric Society to begin planning an EDI/HIPAA initiative. The association consists of about 100 members;
- Assisted the North Arundel Medical Center in organizing two EDI/HIPAA seminars;
- Staffed the MHCC booth and presented on EDI at the Maryland Pharmacists Association's Annual Conference in Ocean City, Maryland;
- Presented on EDI/HIPAA at the St. Joseph Hospital Medical Center. Approximately 85 physicians attended the presentation; and
- Presented on EDI/HIPAA to the Upper Shore Health Management Group Association. Approximately 100 practice administrators attended the presentation;

The EDI/HIPAA Workgroup is finalizing the Security Assessment Readiness Guide. This guide is modeled after the Commission's popular Privacy Tool. Developing the security assessment has been particularly challenging because the terminology used in the HIPAA security requirements is far more technical than the language found in the privacy regulations. Staff of most practices appreciate the need for medical privacy, however security rules are framed in language that many

practices' staff members have never encountered. The Workgroup has worked hard to develop a document that is understandable to medical office staff, yet meets the requirements of the law. Commission staff will present the Security Assessment Guide to the Commission in early fall 2002.

Institutional Review Board (IRB) Activities

The Commission has received a request from the Anne Arundel Medical Center for the DC hospital data. The application is similar to a recent application by a Rockville-based firm. Given the similarities in the requests, the staff will request that the IRB review the application quickly so that the Commission can take action at the next meeting.

PERFORMANCE & BENEFITS

Benefits and Analysis

Comprehensive Standard Health Benefit Plan (CSHBP)

At the October 2001 meeting, the Commission voted on proposed benefit changes to the CSHBP. The Commission adopted the provisions of HB 160 (coverage for hearing aids for children) into the CSHBP with a clarification in the regulations that coverage is limited to a minor child, defined as a child ages 0 to 18 years. These proposed regulations were posted in the *Maryland Register* at the end of December for the 45-day comment period. At the February 2002 meeting, the Commission adopted the regulations as final and the benefit changes were implemented on July 1, 2002.

At the June 2002 meeting, Commission staff presented the analysis of the annual financial surveys submitted by all carriers participating in the small group market in Maryland, and our actuarial consultant, Mercer Human Resources Consulting (Mercer) presented the results of their audit of major carriers. Based on our analysis, Mercer will prepare its annual review of proposed benefit changes to the CSHBP, as suggested by the General Assembly and various stakeholders. Mercer will present its report at the September meeting. Then, a public hearing on the proposed benefit changes will be held in late September. Using the results of the Mercer analysis, Commission staff will prepare its analysis and present staff recommendations on the proposed benefit changes at the October meeting. Finally, Commission staff will present its annual review of the CSHBP at the November meeting for Commission approval.

Staff is currently designing a web site to be linked to the Commission's website that will focus on the small group market reforms and present useful information to employers and employees.

Evaluation of Mandated Health Insurance Services

At the December 2001 meeting, the Commission approved the mandated benefits report prepared by Mercer for public release. The final report was sent to the General Assembly in January 2002. Printed copies are available from Commission staff. Legislators were allowed until July 1, 2002 to request an evaluation of mandated insurance services as to their fiscal, medical and social impact. To date, several requests have been received. In addition, all mandated benefits that either passed or failed during the 2002 General Assembly session will be evaluated in the December 2002 report. It is available on the Commission's website at: <http://www.mhcc.state.md.us/cshbp/mandates/finalmercerreport.pdf>.

Substantial Available and Affordable Coverage (SAAC)/High-Risk Pool

The General Assembly enacted and the Governor signed HB 1228 (this year) under which the SAAC program and the Short-Term Prescription Drug Subsidy Program will be replaced with the

Maryland Health Insurance Plan Fund and Senior Prescription Drug Program. Both will be administered by the newly-created Maryland Health Insurance Plan (MHIP), an independent agency within the Maryland Insurance Administration (MIA). The Executive Director of the MHCC is a member of the Board. The MHIP Fund is financed through a proportionate assessment on hospital net patient revenue that would equal the CY 2002 SAAC funding. The new program is required to be operational on July 1, 2003, and hospitals must begin paying the assessment as of April 1, 2003 in order to fund the start-up. The MHIP Board is responsible for running the programs. Carriers must report to the MIA the number of applications for medically underwritten individual policies that they have declined. The Senior Prescription Drug Program is funded through enrollee premiums and a subsidy by a nonprofit health service plan (CareFirst) not to exceed its premium tax exemption. The MHCC is no longer responsible for developing the benefit plan.

Legislative and Special Projects

Nursing Home Report Card

Chapter 382 (SB 740) of 1999 requires the Commission, in consultation with the Department of Health and Mental Hygiene and the Department of Aging, to develop a system to comparatively evaluate the quality of care and performance of nursing facilities. The web-based Nursing Home Performance Evaluation Guide is available through the Commission's website. An updated version of the Guide is now available and includes a revised Deficiency Information page, updated data from the Minimum Data Set, and the MHCC Long Term Survey, as well as an advanced search capability, allowing consumers to search by facility characteristics and certain services.

The Commission is participating in a pilot program currently underway that is sponsored by the federal Centers for Medicare and Medicaid Services. Eight of the nine newly developed quality measures are now being displayed on the Maryland Guide in the same format as the current Quality Indicators are, utilizing the symbols that separate the top 20%, bottom 10% and all others.

Hospital/Ambulatory Surgical Facility Report Card

Chapter 657 (HB 705) of 1999 requires the Commission to develop similar performance reports on hospitals and ambulatory surgical facilities (ASFs). The required progress report has been forwarded to the General Assembly. The Commission has contracted with the Delmarva Foundation, in partnership with Abt Associates, to: (1) analyze hospital data to develop appropriate indicators for inclusion in the Hospital Performance Evaluation Guide, and (2) design and execute a consumer-oriented website for the Guide. The initial version of the Hospital Performance Evaluation Guide was unveiled at a press conference on January 31st.

The first iteration of the Hospital Guide features structural (descriptive) information and the frequency, risk-adjusted length-of-stay, and risk-adjusted readmissions rates for 36 high volume hospital procedures (diagnosis related groups or DRGs). Data for those facilities with less than 20 discharges per DRG in the reporting period are not presented. Readmission rates for circulatory system diseases and disorders are currently under review and will be released at a later date. A workgroup met and discussed issues related to readmission rates for circulatory system diseases and disorders and analysis of the suggestions is currently underway.

Data collection for the two core measure sets (Congestive Heart Failure and Pneumonia) under the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) ORYX initiative has begun. Data will be gathered on a pilot, or test, basis for the first and second quarters of 2002. Each hospital's information for Quarter One of 2002, along with the state

average, is currently available regarding that particular hospital. The Delmarva Foundation, the Commission's contractor for this data collection effort, has been working with the hospitals and ORYX measurement instrument vendors to provide technical assistance for the logistics of transmitting the data and to assist the hospital personnel in understanding the specifications for collecting the data. Data gathered between July and December 2002 (Quarters 3 and 4) will be made publicly available in the second iteration of the Hospital Guide in the Spring of 2003.

A separate guide is being developed for the ambulatory surgical facilities (ASFs). It is anticipated that the ASF Consumer Guide will be made public in the summer of 2002.

Uninsured Project – HRSA Grant

DHMH, in collaboration with MHCC and the Johns Hopkins School of Public Health, was recently awarded a \$1.2 million State Planning Grant by HRRSA. HRSA is the federal agency that oversees programs to ensure access to care and improve quality of care for vulnerable populations. The one-year federal grant provides Maryland with substantial resources to examine the State's uninsured population and employer-based insurance market and to develop new models to make comprehensive health insurance coverage fully accessible to all Maryland residents.

Among the several activities, the one year grant will enable DHMH and MHCC to conduct further analysis of existing quantitative data sources (Maryland Health Insurance Coverage Survey, MEPS-IC, and CPS), as well as collect additional data that will help us design more effective expansion options for specific target groups. In addition, we will be conducting focus groups with employers in order to better understand the characteristics of firms not currently participating in the state's small group market. For those firms currently participating in the CSHBP, issues will be probed relating to costs of coverage and knowledge of the base CSHBP. In an effort to increase the take-up rate in the small group market, marketing materials will be developed and presented to the focus groups for review and modification.

This Grant will also fund a follow-up survey of the uninsured respondents of the Maryland Health Insurance Coverage Survey. A report to the Secretary of the Department of Health and Human Services is due at the end of the grant period (June 30, 2003). The report must outline an action plan to continue improving access to insurance coverage in Maryland.

Patient Safety

Chapter 318 (HB 1274) of 2001 requires the Commission, in consultation with DHMH, to study the feasibility of developing a system for reducing preventable adverse medical events. A Maryland Patient Safety Coalition was initiated by the Delmarva Foundation and, at this time, is serving as the Commission's sounding board for its activities related to patient safety. Three workgroups have now been formed: one to look at issues related to systems changes to be recommended; one to address current regulatory oversight and reporting requirements; and a third to discuss issues related to a proposed Patient Safety Center.

A preliminary report, approved by the Commission at the December meeting, was sent to the General Assembly. One of the preliminary recommendations has been enacted by the General Assembly and signed by the Governor. That bill removes the medical review committee statute that applies to all health care practitioners from the BPQA statute, where it is currently codified, and places it in a separate subtitle within the Health Occupations Article to make practitioners more aware of the protections available to them. It also codifies case law to clarify that certain good faith communications designed to lead to remedial action are protected even when they are

not made directly to a medical review committee or committee member, but are nevertheless designed to remedy a problem under the jurisdiction of a medical review committee. A final report to the legislature is required by January 2003.

HMO Quality and Performance Distribution of 2001 HMO Publications

Cumulative distribution - beginning with release of each publication	9/28/01 - 6/30/02		
	Paper	Electronic/ Web	
<i>Comparing the Quality of Maryland HMOs: 2001 Consumer Guide</i> (30,000 printed)	26,703	Interactive version	Visitor sessions = 1,440
			Hits = 6,659
		pdf versions Oct - May	Visitor sessions = 5,605
			Hits = 25,475
<i>2001 Comprehensive Performance Report: Commercial HMOs in Maryland</i> (700 printed)	691	Visitor sessions = 838	
		Hits = 3,736	
<i>200 Guide for State of Maryland Employees</i> (80,000 printed)	80,000	Visitor sessions = 933	
<i>Policy Report on Maryland Commercial HMOs: The Quality of Managed Care</i> (1,500 printed)	1033	Visitor sessions = 520	
		Hits = 2,190	

HMO Publication Distribution by Category Sept. 2001 – June 2002			
Category	Consumer Guide 30,000 printed	Comprehensive Report 700 printed	Policy Report 1,500 Printed
Public Libraries (includes depositories for government publications)	18,108	270	168
Academic Libraries/Graduate Programs	1,346	17	93
HMOs	2,024	68	11
Maryland consumers requests	246	13	4
Insurance Brokers	355	0	4
MD Legislators and Staff/State Agencies	766	76	467
Press Conference (includes media)	103	40	84
National Contacts / Requests	35	35	35
Physicians/health care providers	363	5	27
Unions / Large Employers / Organizations	2,271	13	70
MHCC Contractors	135	24	61
Small Businesses	56	0	2
Schools	50	0	0
Local Government	38	35	0
Not Specified	807	95	7
Cumulative Totals:	26,703	691	1033
Publications Remaining	3,297	9	467

Performance Evaluation Guide Brochure & Bookmark

In preparation for re-printing, staff has updated the MHCC brochure describing the HMO, nursing home, and hospital guides. Labels were added to quantities of both the bookmarks and brochures to indicate that both are available free from MHCC to anyone who would like to provide copies to the public. The newsletter of the Board of Physician Quality Assurance (BPQA), in which an article tells physicians and others about MHCC's Evaluation Guide bookmarks, was mailed by BPQA in late June. Upon request, MHCC will provide quantities of the bookmark to physicians wanting to use them as handouts to patients interested in comparisons of managed care plans, nursing homes, and hospitals. The bookmark informs consumers that HMO, nursing home, and hospital performance evaluation guides are now available and is being used as a give-away at health care delivery sites. It includes a short description of each of the three types of evaluation guides produced by the Commission and tells consumers how and where each guide can be found on the Internet.

2002 Performance Reporting

Audit of HEDIS Data

HealthcareData.com (HDC), our contractor for the HEDIS audit, has completed five of seven deliverables for the 2002 audit season. By the June 14th deadline, HDC had provided MHCC and its contractor for report development with rates and audit designations for all 2002 measures. Provision of rates by the audit contractor gave MHCC staff a chance to review data earlier than in previous years when the Commission had to rely on the report development contractor to provide both plan-specific and comparative performance data. Staff spent considerable time working with plans to clarify data they submitted for the MHCC-specific measures.

Consumer Assessment of Health Plan Study (CAHPS Survey) of Plan Members

During June, Market Facts completed its last 2002 contract deliverable, final reports (in paper format) for MHCC, and for each of the nine plans. Commission staff reviewed and asked for some minor revisions to the final report. We expect a corrected copy soon. With much feedback from MHCC, the formats of these reports have improved greatly over the last several years.

National CAHPS Benchmarking Database (NCBD)

Before the July deadline, Market Facts submitted CAHPS data for eight of the nine Maryland plans to the NCBD public database. This marks the third year that most Maryland plans have chosen to submit member satisfaction survey results to NCBD. All personal identifiers have been removed from these data and even plans are identified by a letter rather than by name.

Performance Report Development Contract

HMO Division staff have reviewed CAHPS, HEDIS, and MHCC-specific rates and have determined which measures will be included in the 2002 guide for consumers. We have written new sections and have made substantial additions and changes to text sections of the 2002 Guide for Consumers. Even the title has been altered to reflect relevance of information to point of service members as well as HMO members. ***The 2002 Consumer Guide to Maryland HMOs and POS Plans*** will be the name of the publication to be released on September 23rd. Weekly conference calls with contract staff at NCQA are ongoing.

Other Activities

At the request of our counterparts in New Jersey, the HMO Division teleconferenced with staff from the NJ Department of Health and Senior Services. The staff for performance reports on New Jersey HMOs asked many questions about Maryland's process and experiences in the annual production and dissemination of the MHCC reports on HMO performance

During June, HMO Division staff attended the Health Services Research and Health Policy annual meeting in Washington, DC.

The 2002 press conference for the HMO publications has been scheduled for 11:00 AM, Monday, September 23rd. It will be held at the University of Maryland Medical School Teaching Facility, the same location as last year. A planning meeting with staff at the University of Maryland Medical School has been scheduled for August 10th.

The HMO Division staff are working on updates to *Maryland HMOs and POS Plans for State Employees* with staff in the State of Maryland Employee Benefits Division of the Office of Human Resources.

HEALTH RESOURCES

Certificate of Need

Staff issued 22 determinations of coverage by Certificate of Need (CON) review during the past month. Nine of these determinations involved acquisitions of existing health care facilities. LifeBridge Health has acquired 96 temporarily delicensed nursing home beds formerly operated as Catonsville Eldercare; these beds are intended to become part of the bed complement for which a CON application will be submitted, to build a replacement facility for Levindale Hebrew Geriatric Center. Also, Parkway Nursing and Rehab, LLC received a non-coverage determination for its acquisition of Blue Point Nursing and Rehabilitation Center in northwest Baltimore City. During the past month, staff reviewed and responded to nine more acquisition notices related to nursing facilities owned by Millennium Health and Rehabilitation Centers. A Maryland limited liability company formed by a Pennsylvania-based entity, Trans Healthcare, Inc., (THI), has acquired a total of ten Millennium facilities over the past two months: these include a facility in Montgomery County, one in Prince George's County, two in Anne Arundel County, and three in Baltimore City.

Six requests for coverage determinations involved proposed hospital capital expenditures whose sponsors have applied for inclusion in the Hospital Bond Program legislative package of the Association of Maryland Hospitals and Health Systems (MHA). In two of these cases, the sponsoring hospitals sought and received written confirmation of actions already taken by the Commission on projects for which they will request partial funding through the legislative Bond Program: Carroll County General Hospital will seek funding for the emergency department portion of its CON-approved construction project, and Mercy Medical Center will apply for a bond grant toward the cost of its emergency department expansion, for which it previously received a determination of non-coverage pursuant to the pledge not to seek a related rate increase. In addition, staff issued determinations of non-coverage to Good Samaritan Hospital for an expansion of its outpatient rehabilitation department; to Harbor Hospital Center for renovation and construction of a "nursing satellite facility" at the hospital; and to both Shady Grove Adventist and Washington Adventist Hospitals, also for emergency department expansions.

In determinations related to facility licensure, Armacost Nursing Home in Baltimore City was authorized to delicense five comprehensive care facility beds pursuant to the Commission's temporary delicensure regulations, while Glasgow Nursing Home in Dorchester County was denied authority to reduce beds for a second time this year through the same means, because the applicable regulations permit only one such reduction in a one-year period. Of two determinations related to office-based ambulatory surgical capacity, one proposed center received

a non-coverage determination, while staff found another proposal to involve two operating rooms, and therefore to require CON review. Staff issued one authorization for two waiver beds for the Whitsitt Center, an intermediate care facility for substance abuse treatment in Kent County.

Acute and Ambulatory Care Services

The 47 acute care general hospitals in Maryland have received their revised licensed bed capacity for FY 2003, in accordance with the state's licensure procedures that annually adjust each hospital's licensed acute care capacity based on their average daily census. A report on this year's licensed bed changes, the *Annual Report on Licensed Acute Care Bed Capacity, FY 2003*, will be available at the July Commission meeting and on the Commission's website.

The report titled *Maryland Hospital Obstetric Services: Trends and 2006 Utilization Forecast*, which was presented at the June Commission meeting, will be distributed to hospital CEOs later this month. The report has been posted on the Commission's website. The acute care utilization and bed need projections for medical-surgical and pediatric hospital services was also presented at the June Commission meeting and released for informal public comment, and has been distributed to hospital CEO's and posted on the Commission's website.

Representatives of the Union Hospital of Cecil County met with staff on June 17, 2002 to discuss utilization trends at the hospital.

Two members of the Acute and Ambulatory Care Services staff attended the annual research meeting of the Academy for Health Services Research and Health Policy held in Washington, D.C. June 23 – 26, 2002.

Long Term Care and Mental Health Services

A meeting of the Home Health Work Group was held on Tuesday, June 26th. The purpose of the meeting was to address: (1) types of analyses to be conducted based on FY 2000 and FY 2001 home health agency surveys, and (2) revisions to the Home Health Agency Survey for FY 2002. Due to the introduction of prospective payment for home health agencies, some revisions need to be made on how data is collected. This, in turn, affects analysis of trend data. Staff has begun work on updating the hospice methodology by obtaining death data on causes of death appropriate for hospice care. Several types of scenarios will be run in developing the updated methodology.

Specialized Health Care Services

The Advisory Committee on Outcome Assessment in Cardiovascular Care held its third meeting on June 12, 2002. James L. Field, Director of the Cardiovascular Roundtable of the Advisory Board Company and a member of the Advisory Committee, presented information on future trends in cardiovascular services. Dr. Field discussed the impact of technological changes on the volumes of open heart surgery and interventional cardiology, and the major financial impacts for hospitals and payers. In general, Dr. Field said that events have coalesced to place the industry in turmoil. Dr. James Scheuer, Chairman of the Advisory Committee, described Dr. Field's presentation as important and sobering.

The Long Term Issues Subcommittee of the Advisory Committee on Outcome Assessment in Cardiovascular Care will hold its second meeting on July 25th at 6:00 p.m. in Conference Room 108-109 at 4201 Patterson Avenue, Baltimore, Maryland. The Quality Measurement and Data

Reporting Subcommittee will hold its second meeting on July 31st, also at 6:00 p.m. at the Patterson Avenue building in Conference Room 108-109 as well. The Interventional Cardiology and Inter-Hospital Transport subcommittees are expected to meet in the near future.

On June 25th, the Commission issued a ruling that the parties in the Certificate of Need review for an open heart surgery program in the Metropolitan Washington region may file written closing briefs. The briefs are due no later than 5:00 p.m. on July 29th, and must address the issues identified for the evidentiary hearing, which was completed on June 20, 2002.

On July 30th at 1:00 p.m., Commission staff will meet with representatives of the Terrace Rehabilitation Unit at Johns Hopkins Bayview Medical Center, Kennedy Krieger Institute, and Levindale Hebrew Geriatric Center and Hospital to prepare for data reporting that is scheduled to begin on October 1st. The meeting will be held in Room 528 at 4201 Patterson Avenue, Baltimore, Maryland. The three licensed rehabilitation facilities do not submit hospital discharge data to the Health Services Cost Review Commission (HSCRC). If a hospital submits discharge data as set forth by the HSCRC in **COMAR 10.37.06**, the Maryland Health Care Commission deems the hospital to be in compliance with **COMAR 10.24.02**, the Commission's regulations governing data reporting by hospitals.